

NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities are required to use safer medical devices.



SAFER MEDICAL DEVICE IMPLEMENTATION IN HEALTH CARE FACILITIES

SHARING LESSONS LEARNED

NIOSH has asked a small number of health care facilities to share their experiences on how they implemented safer medical devices in their settings. These facilities have agreed to describe how each step was accomplished, and also to discuss the barriers they encountered and how they were resolved, and most importantly, lessons learned.



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This Skilled Nursing Residence is a 139 bed teaching nursing home. We serve as a clinical practice site for nursing students, as well as other students including, physical therapy and occupational therapy students, dietitian students, social work student and clinical pastoral education students. We operate three distinct units, a 39 bed Medicare Unit, a 31 bed Dementia Unit, and a 69 bed long term care unit.

Phase One

1. Formation of the Team

For the first phase of the project I gathered a team of stakeholders from within the organization who could participate in the process from start to finish. I selected the group from management as well as front line staff in order to have a mix of people who could know what really happens in the patient care areas as well as people who could facilitate decision-making and implementation. The members included in the "Sharps Injury Prevention Team" are:

- Director of Clinical Services
- Director of Staff Development
- Housekeeping Supervisor
- Purchasing Agent
- Chairperson of the Safety Committee
- Infection Control Nurse
- Staff nurses
- Housekeepers
- Nursing assistants

In this facility, the Safety Committee is comprised entirely of first line employees. There are no managers or supervisors on the committee. The role of the committee is to assess conditions and make recommendations to the Administrator. The Chairperson of the Safety Committee was included because I thought that this team may become an on-going committee and would be subsumed under the facility's Safety Committee. The Chairperson is a physical therapy assistant, and so far the

focus of his committee had been to look at ergonomic issues. He was quite excited about the notion of exploring other areas of safety.

The Director of Clinical Services was designated as the coordinator of the project by the Administrator as well as by the members of the team. This person is a nurse with a Masters degree and has a great deal of experience coordinating groups and projects and the team felt that she would be the person to keep them on task and still allow everyone to be heard.

The facility has done a project of this kind in the past, two or three years ago. At that time a task force was formed comprised entirely of licensed nurses. From that experience, we learned that nurses are not the only staff impacted by bloodborne pathogens or sharps injuries, and our recent experience with needlestick injuries included housekeeping staff. In addition, once the previous task force decided what they needed, it took a long time to implement the new devices selected because the purchasing agent wanted to use the entire inventory before the new devices were implemented. This person had not been involved in the planning and had no idea that OSHA requirements had changed and how important it was to change the devices being used as quickly as possible. Based on that past experience, I decided that it was very important to include both housekeeping and purchasing in the project.

2. Purpose of the Project

During the initial meeting, I explained the purpose of the task force and articulated a general format, which would involve a series of meetings to take place now and in weeks or months ahead, and the general topics to be addressed. . I explained the purpose as the need to implement improved engineering controls to reduce needlestick injuries, to eliminate the use of needles as much as possible and replace them with safe and effective alternatives, and to implement the use of devices with safety features and evaluate their effectiveness and acceptability.

The team discussed three major issues as being of utmost importance to its mission:

1. Three needlestick injuries in the past year, exposing workers to bloodborne illness;
2. Overall safety of employees and residents (patients);
3. Liability exposure for the employer

The group felt that the facility had done a good job initially of finding syringes and needles for medication administration, venipunctures and IV administration that were safe. Nursing staff stated that they felt their risk of exposure was greatly reduced by

the devices that were now being used. They agreed that it was a good plan to revisit the issue of sharps injury prevention and to look at new devices that might be available, but they felt quite confident that this facility was "okay".

3. Next Steps

The next meeting was planned for two weeks with the agenda to begin discussions of issues related to sharps safety.

4. Lessons Learned

The formation of the team went very smoothly. Staff and managers were enthusiastic about participating and all agreed that it was an important issue. I expected some resistance since everybody here hates meetings and we have so many of them to begin with. I expected people would resist one more meeting, but that did not happen.

It was important to select a team that represented all the stakeholders. However, the original list of people to involve was overly long, including about 20 people. I felt that, given the size of our organization, this was too many. So I canvassed the front line staff and with their input decided that each unit could be represented by one staff who could be the spokesperson for that unit, carrying information from staff to the team and vice versa.

The first phase has gone smoothly and we are ready to move ahead.

Staff Hours

Type of Staff	Phase 1 Hours
Management	5
Administrative	5
Front-Line	6
Total	16

There were no non-labor costs associated with this phase.